

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033507

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8400

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis

6 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Franklin

admission)

c. CITY

OR

TOWN

Thompsonville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If curbside, give location)

R.R. 2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Mary

Carter

4. DATE

Month

Day

Year

OF

DEATH

August

17

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-21-1912

9. AGE (last birthday)

51

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Bope County, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Wormley

13b. MOTHER'S MAIDEN NAME

Alice Bozarth

14. NAME OF HUSBAND OR WIFE

John Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John Carter

Address

R 2 Thompsonville

18. CAUSE OF DEATH (Enter only one cause per item)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain tumor verified - glioblastoma Rt

Temporo-parietal lobe

Edema, cerebellum, Post op.

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

193.0

INTERVAL BETWEEN ONSET AND DEATH

6 mos

24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-13-63 to 8-17-63 and last saw her alive on 8-16-63

Death occurred at 4:45 4 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George Routhan MD

22b. ADDRESS

3720 Weeping Willow Ave St Louis

22c. DATE SIGNED

8-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-17-63

23c. NAME OF CEMETERY OR CREMATORY

COURTNEY

23d. LOCATION (City, town, or county)

GALATIA

(State)

ILLINOIS

24. FUNERAL DIRECTOR

ADDRESS

GALATIA, ILL

25. DATE RECD. BY LOCAL REG.

AUG 19 1963

REGISTRAR'S SIGNATURE

Boad Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300

Rev. 4/59

1

2 8/20/63

3

4 1

5 1

6

7 1

8 2

9

10

11

12 8-1-0

13

81

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Frouloff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.